

EXHIBIT B

Jerry G. Blaivas, M.D.

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT OF
 WEST VIRGINIA AT CHARLESTON
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4 IN RE: ETHICON, INC., :Master File No.
5 PELVIC REPAIR SYSTEM :2:12-MD-0237
6 PRODUCTS LIABILITY :
7 LITIGATION :MDL No. 2327

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9 THIS DOCUMENT RELATES TO :JOSEPH R. GOODWIN
10 THE CASES LISTED BELOW :U.S. DISTRICT JUDGE
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12 Mullins, et al. V. Ethicon, Inc., et al.
13 2:12-cv-02952
14 Sprout, et al. V. Ethicon, Inc., et al.
15 2:12-cv-07924
16 Iquinto v. Ethicon, Inc., et al.
17 2:12-cv-09765
18 Daniel, et al. V. Ethicon, Inc., et al.
19 2:13-cv-02565
20 Dillon, et al. V. Ethicon, Inc., et al.
21 2:13-cv-02919
22 Webb, et al. V. Ethicon, Inc., et al.
23 2:13-cv-04517
24 Martinez v. Ethicon, Inc., et al.
25 2:13-cv-04730
26 McIntyre, et al. V. Ethicon, Inc., et al.
27 2:13-cv-07283
28 Oxley v. Ethicon, Inc., et al. 2:13-cv-10150
29 Atkins, et al. V. Ethicon, Inc., et al.
30 2:13-cv-11022
31 Garcia v. Ethicon, Inc., et al. 2:13-cv-14355
32 Lowe v. Ethicon, Inc., et al. 2:13-cv-14718
33 Dameron, et al. V. Ethicon, Inc., et al.
34 2:13-cv-14799

35 SEPTEMBER 17, 2015
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1 CAPTION CONTINUED:
2
3 Vanbuskirk, et al. V. Ethicon, Inc., et al.
 2:13-cv-16183
4 Mullens, et al. V. Ethicon, Inc., et al.
 2:13-cv-16564
5 Shears, et al. V. Ethicon, Inc., et al.
 2:13-cv-17012
6 Javins, et al. V. Ethicon, Inc., et al.
 2:13-cv-18479
7 Barr, et al. V. Ethicon, Inc., et al.
 2:13-cv-22606
8 Lambert v. Ethicon, Inc., et al.
 2:13-cv-24393
9 Cook v. Ethicon, Inc., et al. 2:13-cv-29260
 Stevens v. Ethicon, Inc., et al.
10 2:13-cv-29918
 Harmon v. Ethicon, Inc., et al. 2:13-cv-31818
11 Snodgrass v. Ethicon, Inc., et al.
 2:13-cv-31881
12 Miller v. Ethicon, Inc., et al. 2:13-cv-32627
 Matney, et al. V. Ethicon, Inc., et al.
13 2:14-cv-09195
 Jones, et al. V. Ethicon, Inc., et al.
14 2:14-cv-09517
 Humbert v. Ethicon, Inc., et al.
15 2:14-cv-10640
 Gillum, et al. V. Ethicon, Inc., et al.
16 2:14-cv-12756
 Whisner, et al. V. Ethicon, Inc., et al.
17 2:14-cv-13023
 Tomblin v. Ethicon, Inc., et al.
18 2:14-cv-14664
 Schepleng v. Ethicon, Inc., et al.
19 2:14-cv-16061
 Tyler, et al. V. Ethicon, Inc., et al.
20 2:14-cv-19110
 Kelly, et al. V. Ethicon, Inc., et al.
21 2:14-cv-22079
 Lundell v. Ethicon, Inc., et al.
22 2:14-cv-24911
 Cheshire, et al. V. Ethicon, Inc., et al.
23 2:14-cv-24
24

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1 some of the PROLENE® mesh before
2 to place it? I'm not sure what
3 you're talking about.

4 BY MR. SNELL:

5 Q. Have you ever placed a TVT?

6 A. No.

7 Q. Every Ethicon branded
8 PROLENE® polypropylene sling you placed
9 were slings that you hand cut, correct?

10 A. Correct.

11 Q. And you hand cut them at a 2
12 centimeter wide strip, correct?

13 A. Correct.

14 Q. And those are the slings --
15 synthetic slings, that you've done,
16 correct?

17 A. That's correct.

18 Q. Okay. And you testified
19 that you would place those -- strike
20 that.

21 You changed your testimony,
22 and you testified that you placed those
23 at the bladder neck, correct?

24 MS. FITZPATRICK: Objection.

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1 attempt to ascertain what was the rate
2 specific to serious infection?

3 A. No. But we decide -- no.
4 But I think that -- no, is the answer to
5 your question.

6 Q. And when you say "serious
7 infection," what do you mean by that?

8 A. Really, we were talking
9 about life-threatening sepsis or
10 infections that require -- retrophic
11 infections that are either life
12 threatening or require multiple
13 operations to remove.

14 Some of them were, like,
15 thigh infections -- just for example,
16 thigh infections after transobturator
17 slings were used that required three,
18 four, five operations to deal with the
19 infection and remove the mesh.

20 So these were the most
21 serious infections, is what this was
22 talking about.

23 Q. 0.1 percent, you would
24 consider that rare?

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1 So that would eliminate a major
2 cause, in my judgment, of
3 subsequent erosion.

4 I cited a paper in there,
5 again, by -- I think this was by
6 Osborn, where there's a 26-fold
7 increase, 26-fold increase in the
8 likelihood of subsequent erosion
9 into the vagina or the bladder in
10 patients who have had a
11 perforation of the bladder or
12 urethra at the time of the
13 original surgery.

14 And, again, in my opinion
15 this is 100 percent, or
16 practically 100 percent
17 preventable. So that's the
18 surgical technique, which is part
19 of the -- you know, part of the
20 procedure.

21 The second thing is, it
22 makes little sense to me to use
23 this, you know, bottoms-up
24 approach. The bottoms-up approach

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1 that they use with the trocar
2 passage precludes any protection
3 of the bladder or urethra.

4 You just have to, for
5 practical purposes, hope that you
6 don't put the trocar into the
7 bladder, the urethra or, even
8 worse, the iliac artery of the
9 obturator, all of which -- every
10 one of those complications has
11 occurred.

12 And, in my judgment,
13 virtually never occurs, not once,
14 if you use the top-down approach.
15 I think it's not physically
16 possible.

17 So that's the second point
18 that I would change.

19 And the third point is that
20 the trocar itself is too big, too
21 thick and too pointed. You know,
22 that trocar gets -- it's very easy
23 to do significant damage to the
24 adjacent structures if the trocar

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1 goes in the wrong place.

2 So if you use a much smaller
3 trocar -- I mean, I alluded to the
4 fact before that I use a Stamey
5 needle, which is very thin and
6 very unlikely to do any major
7 damage. And if you pass it from
8 above to below, the chances of
9 injuring any adjacent organ is as
10 close to zero as you can get.

11 That's it.

12 BY MR. SNELL:

13 Q. With regard to your
14 statement that you would dissect more
15 into the retropubic space --

16 A. Yes.

17 Q. -- what are the risks
18 attendant with doing more dissection and
19 deeper dissection into the retropubic
20 space?

21 A. I don't think -- I don't
22 think there's any. I mean, you're
23 doing -- you're doing with your finger
24 exactly the same thing that you're doing

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1 question was, how do I think it could be
2 improved. And I think that would be a
3 great improvement.

4 Q. Do you know whether or not a
5 top-down approach for TVT was ever
6 offered or made available to surgeons?

7 A. I think -- no, I don't have
8 an independent recollection.

9 Q. Do you know whether your
10 opinion that proceeding from the top down
11 as opposed to bottom up would lead to
12 less risk of urethral perforation and
13 other complications been has tested in
14 any randomized control trials?

15 A. The technique that I'm
16 talking about has not, to my knowledge,
17 been done for this, so it hasn't been
18 tested.

19 But it's been done thousands
20 of times by me and other people that do
21 autologous slings.

22 Q. Do you have that Ogah
23 Cochrane review that we were looking at
24 earlier that you cited in your review